



Oro Minor Hockey Association – NOVICE/ATOM Rep Tournament Application – September 28-30, 2018

To enter a tournament, please complete this form and return it with a cheque in the amount of \$850.00, payable to **Oro Minor Hockey Association**, letter of permission to attend from a director of your association and your **team roster** (roster is not required at this time, however, it **MUST** be submitted prior to the tournament). Please do not post-date cheques or application will not be accepted. In order to secure a spot please mail the Application, Travel Permit and Cheque to:

**C/O Keith Crozier
Tournament Director – Oro Minor Hockey Association
41 Poplar Crescent,
Oro-Medonte, ON L0L 1T0
T: 705-730-3037 croz56@hotmail.com**

TEAM NAME: _____

DIVISION & CLASS (i.e. Novice or Atom & BB, B, CC, C, DD) _____

LEAGUE IN WHICH TEAM PARTICIPATES: _____

LOCAL HOCKEY ASSOCIATION: _____

LOCAL ASS'N. MAILING ADDRESS: _____

IF NOT YOUR ASS'N IS NOT OMHA AFFILIATED, PLEASE STATE WHERE _____

NAME OF TEAM MANAGER: _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NAME OF TEAM COACH: _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

CELL PHONE CONTACT NUMBER FOR DAY OF TOURNAMENT: _____

By signing this entry form, the undersigned acknowledges that the information above is accurate the tournament officials, arena management, Oro Minor Hockey and all concerned with this tournament will not be held liable for any injury or accident which may be incurred by any player or team official while participating in, coming to or going from the tournament. We have read and accepted the Tournament Rules and Regulations.

TEAM OFFICIAL NAME (print)

SIGNATURE:

DATE:

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